

Training Officer's Employee Evaluation

Candidate's Name: _____ Date ____/____/____

TN License Number: _____ Level of Licensure: _____

Pre-ride: instructions/goals: _____

T.O. Initials

Trainee Initials

Please rate the candidate on the following scale in each are, and then list any comments you have on that area.

1 - Very Poor 2 - Poor 3 - Satisfactory 4 - Good 5 – Excellent
(please circle one)

Professional Appearance

1 2 3 4 5

Professional Conduct

1 2 3 4 5

Rapport with Patients

1 2 3 4 5

Interaction with peers / co-workers

1 2 3 4 5

Knowledge to level of licensure

1 2 3 4 5

Listens / Learns from superiors

1 2 3 4 5

Attendance – as scheduled/on time 1 2 3 4 5

Skills(Including Driving) 1 2 3 4 5

When in doubt, asked questions 1 2 3 4 5

Motivation / willingness to learn 1 2 3 4 5

Other Comments:

Recommendation for Employment: _____

Strengths, Weakness, Goals

Training Officer will discuss rides with Trainee

Training Officer's Signature: _____

Trainee Signature: _____